
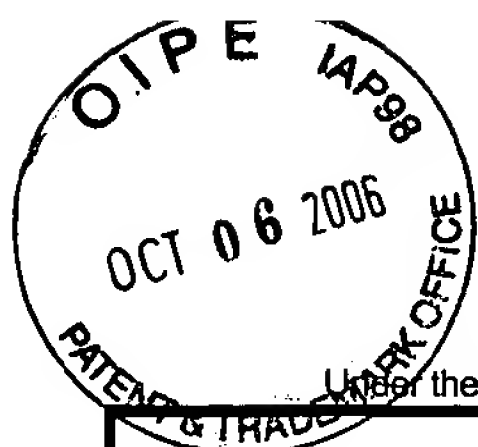




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PSTM0009/MRK
In re Application of David Allison Bennett, et al.		
Application Number 09/684,869		Filing Date Oct. 6, 2000
For Reporting Shipping Rates and Delivery Schedules For Multiple Services and Multiple Carriers		
Art Unit 3629		Examiner Jamisue A. Webb
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small entity fee are as follows (check time period desired):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$ <u>120.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$ <u>450.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ <u>1020.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$ <u>1,590.00</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ <u>2,160.00</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>.00</u> .		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to credit any overpayment or charge any deficiencies to Deposit Account Number 501574. I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,744</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
<u>October 4, 2006</u> Date		<u></u> Signature
<u>(626) 796-2856</u> Telephone Number		<u>Marilyn R. Khorsandi</u> Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1/1 3629

Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

Complete if Known

Application Number	09/684,869
Filing Date	October 6, 2000
First Named Inventor	David Allison Bennett, et al.
Examiner Name	Jamisia A. Webb
Art Unit	3629
Attorney Docket No.	PSTM0009/MRK

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$120.00)

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 501574 Deposit Account Name: Khorsandi Patent Law Group, ALC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charges fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small or Large Entity	Fee (\$)	Small or Large Entity	Fee (\$)	Small or Large Entity	
Utility	300	150	500	250	200	100	\$0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small or Large Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
16	- HP (79) = 0	x \$0.00	= \$00.00			
HP = highest number of total claims paid for, if greater than 20				\$0.00		

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- HP (21) = 0	x \$0.00	= \$0.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/ 50 = 0	(round up to a whole number) x	\$250.00	\$ 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for Extension of Time for One Month

120.00

SUBMITTED BY

Signature	<i>Marilyn R. Khorsandi</i>	Registration No. 45744 (Attorney/Agent)	Telephone (626) 796-2856
Name (Print/Type)	Marilyn R. Khorsandi		Date October 4, 2006

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